## **Swimming Pool Permit Application**

DATE APPLIED:

## FOR OFFICIAL USE ONLY Review Routing & Approval



CITY OF LOWELL 216 NORTH LINCOLN STREET LOWELL, AR 72745 (479)770-2185 / FAX (479)770-2106

Division	Sig. = OK	Date
Reviewed By		

PROJ	ECT ADDRESS:	SUBDIVIS	SION:	LOT:		
OWN	ER NAME:		PHONE:			
CONT	RACTOR NAME:		PHONE:			
	ADDRESS:					
	CITY:	STATE:		ZIP:		
	LICENSE #:	EXPIRATIO	EXPIRATION DATE:			
PRIV	ATE POOL ( ) PUBLIC POOL (	) POOL COST	': \$			
ABOV	ZE GROUND ( ) IN GROUND (	) SQ. FT.:				
	ITEM	QUANTITY	UNIT COST	TOTAL		
	PUBLIC POOL		\$100.00 EACH	\$		
	PRIVATE POOL		\$50.00 EACH	\$		
	POOL FILLING SYSTEM		\$ 5.00 EACH	\$		
	HOT WATER HEATER & VENT		\$ 5.00 EACH	\$		
	GAS PIPING SYSTEM		\$ 5.00 EACH	\$		
	TOTAL FEES DUE		7 0100 211011	\$		
WITH MON <sup>®</sup>	PERMIT BECOMES NULL AND VOID S IIN 6 MONTHS, OR IF CONSTRUCTION IHS AT ANY TIME AFTER WORK IS S REBY CERTIFY THAT I HAVE READ AN RECT. ALL PROVISIONS OF LAWS AN	ON OR WORK IS SUSPENITARTED.  ID EXAMINED THIS DOC	DED OR ABANDON  UMENT AND KNOV	ED FOR A PERIOD OF 6  THE SAME TO BE TRUE		
WITH	I WHETHER SPECIFIED HEREIN OR I	NOT. GRANTING OF A PE	RMIT DOES NOT P	RESUME TO GIVE		
_	ORITY TO VIOLATE OR CANCEL THE STRUCTION OR THE PERFORMANCE (		THER STATE OR LO	CAL LAW REGULATING		
(Sign	ature of Contractor or Authorized Ag	gent) (Please Print A	pplicant Name)	(Date)		

NOTE: TO SCHEDULE INSPECTIONS CALL 479/770-2185, EXTENSION 224 or 230